### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



DATE DUE

or Fax

(571) 273-2885

PUBLICATION FEE

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change

00140

APPLN, TYPE

7590

01/10/2006

LADAS & PARRY 26 WEST 61ST STREET NEW YORK, NY 10023

04/19/2006 WABDELR3 00000035 09890989

01 FC:2501

700.00 DP

SMALL ENTITY

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSNE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

c mulcatcu below.	amismined to the est 10 (571) 275 2003, on the thi
(Depositor's name)	∫Janet I, Øord \
(Signature)	1 and Od
(Date)	April 10, 2006

TOTAL FEE(S) DUE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/890,989	12/14/2001	Peter David Davis	U 013589-7	1811

TITLE OF INVENTION: COMBINATIONS FOR THE TREATMENT OF DISEASES INVOLVING ANGIOGENESIS

ISSUE FEE

, nonprovisional NO		\$1400	700	\$0	-\$14	<u>@700</u>	04/10/2006
EXAMI	NER	ART UNI	T CLASS-SUBCLASS				
YU, MIS	SOOK	1642		424-155100			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 registered	nting on the patent front page, list mes of up to 3 registered paten OR, alternatively, me of a single firm (having as a attorney or agent) and the name depatent attorneys or agents. If a name will be printed.	member a	LADAS 226 WES 3NEW YO	
3. ASSIGNEE NAME AND I	RESIDENCE DATA TO BE F	RINTED ON T	HE PATEN	Γ (print or type)		<del></del>	10025
PLEASE NOTE: Unless a recordation as set forth in	n assignee is identified below 37 CFR 3.11. Completion of t	v, no assignee d his foπn is NOT	lata will app a substitute	ear on the patent. If an assigner for filing an assignment. Rece	ee is identified	below, the doc	ument has been filed for
(A) NAME OF ASSIGNE				CE: (CITY and STATE OR COU	NTRY) <b>Fr</b> a	me 0126	
ANGIOGENE PH	ARMACEUTICALS	LTD.	WAT	LINGTON, OXFOR	RDSHIRE	el 0327 E, GREAT	BRITAIN
Please check the appropriate a	ssignee category or categories	(will not be pri	nted on the p	eatent): 🔲 Individual 🖼 Co	rporation or ot	her private group	entity Government
4a. The following fee(s) are en	nclosed:			Fee(s): (che		.)	
Issue Fee		×	A check	in the amount of the fee(s) is end	closed.		
Publication Fee (No sm	all entity discount permitted)	I	Payment	by credit card. Form PTO-2038	is attached.		
Advance Order - # of C	Copies	<del></del>	The Dire	ector is hereby authorized by chount Number	arge the requir	red fee(s), or cre ose an extra copy	edit any overpayment, to y of this form).
5. Change in Entity Status (1	from status indicated above)					· · · · · · · · · · · · · · · · · · ·	
a. Applicant claims SM	ALL ENTITY status. See 37	CFR 1.27.	🗖 b. Applic	ant is no longer claiming SMAL	L ENTITY sta	tus. See 37 CFR	1.27(g)(2).
The Director of the USPTO is NOTE: The Issue Fee and Pub nterest as shown by the record	requested to apply the Issue Folication Fee (if required) will ds of the United States Patent	ee and Publicati not be accepted and Trademark (	on Fee (if an from anyone Office.	y) or to re-apply any previously cother than the applicant; a regis	paid issue fee stered attorney	to the applicatio or agent; or the a	n identified above. assignee or other party in
Authorized Signature	n Poolful	1005 K	W)	10 d		2006	
Typed or printed name	Clifford J. Ma	SS	1 fegt	33,710 Registration 1	No. <u>3008</u>	6	
This collection of information application. Confidentiality	is required by 37 CFR 1.311.	The information 2 and 37 CFR 1	is required	to obtain or retain a benefit by the lection is estimated to take 12 m	e public which	is to file (and by	y the USPTO to process)

an application. Community is governed by 33 U.S.C. 122 and 37 CFK 1.14. 1018 collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PATENT** 

Practitioner's Docket No. <u>U 013589-7</u>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Peter David DAVIS

Serial No.: 09/890,989

Group No.: 1642

Filed: December 14, 2001

Examiner: Mistook Yu Confirmation No. 1811

For: COMBINATIONS FOR THE TREATMENT OF DISEASES INVOLVING ANGIOGENESIS

Mail Stop Issue Fees Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

# TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

NOTE: Submission of a Transmittal of Payment of Issue Fee after issuance of the Notice of Allowance in an application does not result in a reduction in patent term adjustment under 37 C.F.R. § 1.704(c)(10). See Notice of May 29, 2001, 1247 OG 111-112, June 6, 2001.

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.

NOTE: 37 C.F.R. § 1.27(g): "(1) New determination of entitlement to small entity status is needed when issue and maintenance fees are due. Once status as a small entity has been established in an application or patent, fees as a small entity may thereafter be paid in that application or patent without regard to a change in status until the issue fee is due or any maintenance fee is due.

(2) Notification of loss of entitlement to small entity status is required when issue and maintenance fees are due. Notification of a loss of entitlement to small entity status must be filed in the application or patent prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity as defined in paragraph (a) of this section is no longer appropriate. The notification that small entity status is no longer appropriate must be signed by a party identified in  $\S$  1.33(b). Payment of a fee in other than the small entity amount is not sufficient notification that small entity status is no longer appropriate."

### CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10\*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

### MAILING

⊠	deposited with the United States Postal Service in an envel 1450, Alexandria, VA 22313-1450.	lope addres	ssed to the Commissioner for Patents, P. O. Box	
	37 C.F.R. 1.8(a)		37 C.F.R. 1.10*	
$\boxtimes$	with sufficient postage as first class mail.		as "Express Mail Post Office to Address"	
			Mailing Label No(mandatory)	
	TRANSMISS	ION	,	
	transmitted by facsimile to the Patent and Trademark Office. to (703) 746-4000			
Date:	April 10, 2006	Signatu	and (0/0)	
			ANET I. CORD  print name of person certifying)	

<sup>•</sup> Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

2.	Appl								
	A.	Asser	ted small entity status in						
payment of the basic filing or national fee as a small entity (37 C.F.R 1.27(c)(3)) or						entity (37 C.F.R. §			
prior submission of a Written Assertion or Statement of Small Entity (37 C.F.R. § 1.27(c)(1))							of Small Entity Status		
			It is confirmed that small entity status for this application has been checked, is still in effect and is being asserted.						
			A WRITTEN ASSER STATUS signed by a attached.	_					
WARN		•	of a fee in other than the small appropriate." 37 C.F.R. § 1.27 (complete the f	7(g)(2).			on that small entity status is		
	B. Applicant hereby notifies the Office, in accordance with the requirements of 37 C.F.R. § 1.27(g)(2), that it no longer has status as a small entity.								
					OF LOSS OF in appropriate				
			Applicant has not asse	erted sm	all entity statu	ıs.			
3.	Fee (	37 C.F.R	2. 1.18(a) and (b)):						
	Appl	ication st	tatus is:	<u>R</u>	<u>egular</u>		<u>Design</u>		
	S	mall busi	iness entity—fee	⊠ \$	700.00		\$400.00		
	0	ther than	a small entity—fee	□ \$1	1,400.00		\$800.00		
	P	ublicatio	on Fee	□ \$	300.00				
4.	Paym	ent of fe	ee:						
			please find check for \$_		<u>_</u> ·				
		_	ge Account <u>12-0425</u> for			credit over	payment.		
		_	ccount the te of this request is attack		Cuff SIGNATURE	OF PRACT	TITIONER CO		
Reg. No. 30086					CLIFFORD J. MASS (type or print name of practitioner)				
Tel. N	No.: 212	-708-189	90		P.O. Address				
Customer No.: 00140					c/o Ladas & F 26 West 61 St New York, N.	treet			